

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27773

FILED SEP 6 1941

Registration District No. 8

Primary Registration District No. 201

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Benton
(b) City or town Cole Camp Rural Williamstownship
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year 1 Month 0 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Geraldine May Beckman

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife / 6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased July 24th 1940
(Month) (Day) (Year)

8. AGE: 1 Years 1 Months 5 Days If less than one day hr. min.

9. Birthplace Benton County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business /

12. Name Albert Beckman

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ida Rosebrook

15. Birthplace Fettis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Beckman

(b) Address Cole Camp Missouri

17. (a) Burial (b) Date thereof Sept 1st 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cole Camp Rural Williamstownship

18. (a) Signature of funeral director E. A. Eickhoff

(b) Address Cole Camp Mo

19. (a) 8-30-41 (b) Sue Selover
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton
(c) City or town Cole Camp Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. / years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29th
year 1941 hour 3 minute 00 P. M.

21. I hereby certify that I attended the deceased from 8-1- 1941, to 8-29- 1941, that I last saw her alive on 8-29- 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation

Due to Pertussis

Due to 9

Other conditions /
(Include pregnancy within 3 months of death)

Major findings: Of operations /

Of autopsy /

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) /

(b) Date of occurrence /

(c) Where did injury occur? /
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at

(Specify type of place) While at work? / (e) Means of injury /

23. Signature D. Reser (M. D. or other) Med
Address Cole Camp Mo Date signed 8-30-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 9-41-1600

Date Filed 9-4-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

E L Eukhoff

Licensed Embalmer No.

780

P. O. Address.....

Wile Camps MI

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.